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CURRENT CORRESPONDE	ENCE ADDRESS (Note: Use Blo	ock 1 for any change of address)	FE Gan ha	ote: A certificate of e(s) Transmittal. The pers. Each additionate ve its own certificate	mailing is certifical paper, e of mail:	can only be used for cate cannot be used for such as an assignmen ing or transmission.	domestic mailings of the r any other accompanying t or formal drawing, must
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PO BOX 747	ART KOLASCH H, VA 22040-0747	MAR	2 3 2007 gg 11 Sti	ereby certify that thates Postal Service values of the Mai insmitted to the USP	nis Fee(s) with suffill Stop 1: PTO (571	Transmittal is being icient postage for first SSUE FEE address () 273-2885, on the da	deposited with the United class mail in an envelope above, or being facsimile te indicated below.
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•							(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/890,552	09/890 552 08/02/2001		Hideakira Yokoyama		0020-4883P		4627
TITLE OF INVENTION	: DRUGS FOR RELIEV	ING HEMICRANIA CO			·····		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	, DATE DUE
nonprovisional	NO	\$1400	\$0	\$93/2	6/2997	MAHNED240999999	58 0989855£ 2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				1400.60 OP 12.00 OP
KRASS, FR	EDERICK F	424-449000		····			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or to data will appear on the	ype) patent. If an assign	nee is ide	entified below, the do	ocument has been filed for
		pletion of this form is NC					
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ROHTO PHARMACEUTICAL CO., LTD. OSAKA-FU, JAPAN							
TEIKOKU SEIYAKU CO., LTD. KAGAWA-KEN, JAPAN							
Please check the appropr	iate assignee category of	categories (will not be p		🔲 Individual 🖼 C	Corporatio	on or other private gro	up entity Government
4a. The following fee(s) Solution like the see (1) Publication Fee (1)		4	b. Payment of Fee(s): (Pl A check is enclosed Payment by credit of	l. eard. Form PTO-203	8 is attac	ched. (IF NE	
5. Change in Entity Sta	•	the state of the s		· · · · · · · · · · · · · · · · · · ·			
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. Lb. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
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Registration No. 28:977 GERAL Typed or printed name

This collection of information is required by 31 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 57 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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